Full-length Donor History Questionnaire II – Source Plasma Industry

This document is one component of the full-length PPTA donor history questionnaire documents to be used by source plasma organizations that do not use an approved test for antibodies to HIV that detects HIV-1 group O. The full-length PPTA donor history questionnaire documents must be used collectively.

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	Yes	No	
Are you			
Feeling healthy and well today?			
2. Currently taking an antibiotic or other medication for infection?			
3. Currently taking any other medications?			
Please read the medication list.			
Are you now taking or have you ever taken any medications on the medication list?			
Please review the Risk Poster		_	
5. Did you review the Risk Poster?	<u> </u>	<u> </u>	
Do you have any questions about anything mentioned on the Risk Poster?			
In the most observed to			
In the past six weeks			
7. Female donors: Have you been pregnant or are you pregnant now? (Males: check "I am male.")			☐ I am male
In the past two months			
In the past two months			
8. Have you had any vaccinations or other shots?			
Have you had contact with someone who had a smallpox vaccination?			
10. Have you donated whole blood, platelets or plasma at another center?			
In the past four months			
11. Have you donated a double unit of red cells using an apheresis machine?			
In the past 12 months, have you			
12. Had a blood transfusion?			
13. Received during surgery bone, tissue or skin?			
14. Come into contact with someone else's blood?			
15. Had an accidental needle-stick?			
16. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?			
17. Had sexual contact with a prostitute or anyone else who takes			
money or drugs or other payment for sex?			
18. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything <u>not</u> prescribed by their doctor?			
19. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?			
20. Female donors: had sexual contact with a male who has ever			☐ I am



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had sexual contact with another male? (Males: check "I am male.")			
21. Had sexual contact with a person who has hepatitis?			
22. Lived with a person who has hepatitis?			
23. Gotten a tattoo or had one touched-up?			
24. Had an ear or body piercing?			
25. Had or been treated for syphilis or gonorrhea?			
26. Been in juvenile detention, lockup, jail, or prison for more than 72			
hours?			
From 1980 through 1996			
27. Did you spend time that adds up to three months or more in the			
United Kingdom? (Review map of UK Countries on the travel poster)			
28. Were you a member of the U.S. military, a civilian military			
employee, or a dependent of a member of the U.S. military?			
From 1980 to the present, did you			
29. Spend time that adds up to four years or more in France?			
30. Receive a blood transfusion in the United Kingdom or France?			
(Review map of UK Countries on the travel poster)			
From 1977 to the present, have you			
31. Received money, drugs, or other payment for sex?			
32. Male donors: had sexual contact with another male, even once?			☐ I am
(Females: check "I am female.")			female
Have you EVER			
33. Had a positive test for the HIV/AIDS virus?			
34. Used needles to take drugs, steroids, or anything not prescribed			
by your doctor?			
35. Used clotting factor concentrates?			
36. Had hepatitis?			
37. Had a transplant such as organ or bone marrow?			
38. Received a dura mater (or brain covering) graft?			
39. Had sexual contact with anyone who was born in or lived in			
Africa? (review map of Africa on the travel poster)			
40. Been in Africa? (review map of Africa on the travel poster)			
41. Had any type of cancer, including leukemia?			
42. Had any problem with your heart or lungs?			
43. Had any problem with your liver or kidneys?			
44. Had a bleeding condition or a blood disease?			
45. Have any of your relatives had Creutzfeldt- lakoh disease?	П	П	

Additional Questions:

